



Doctors Medical Center Management Authority, JPA Board Meeting

Wednesday, February 24, 2010
3:00 PM - Auditorium
Doctors Medical Center
2000 Vale Road
San Pablo, CA

DOCTORS MEDICAL CENTER MANAGEMENT AUTHORITY

**Doctors Medical Center Management Authority,
JPA Board
Wednesday, February 24, 2010 – 3:00 pm
Doctors Medical Center - Auditorium
2000 Vale Road, San Pablo, CA 94806**

Governing Board
Supervisor John Gioia, Chair
Stephen Arnold, M.D.
Pat Godley
Supervisor Federal Glover
Bill Walker, M.D.
Beverly Wallace
Eric Zell

AGENDA

1. Call to Order and Roll Call
2. Approve Minutes of Board Meeting of January 27, 2010
3. Public Comment
[At this time persons in the audience may speak on any items not on the Agenda which are within the jurisdiction of the Doctors Medical Center Management Authority.]
4. Presentation and Acceptance of the January 2010 Financial Statements
5. Recommendation to the District Board to approve Tenant Improvements for San Pablo Outpatient Center
6. Quality Report
7. CEO Report

Closed Session

8. Conference with Labor Negotiators (pursuant to Government Code Section 554957.6)
Agency Negotiators: Charm Patton, Vice President of Human Resources
Employee Organizations: California Nurse Association
9. Personnel Matters

Open Session

10. Report of Reportable Action(s) Taken During Closed Session, if any.
11. Adjournment

January 27, 2010
Minutes

Tab 2

DOCTORS MEDICAL CENTER MANAGEMENT AUTHORITY

**Doctors Medical Center Management Authority
Governing Board Meeting
January 27, 2010 – 3:00 pm
Doctors Medical Center - Auditorium
2000 Vale Road, San Pablo, CA 94806**

Governing Board
Supervisor John Gioia, Chair
Sharon Drager, M.D.
Pat Godley
Supervisor Federal D. Glover
Bill Walker, M.D.
Beverly Wallace
Eric Zell

Minutes

1. Call to Order and Roll Call – 3:05 p.m.

Quorum was established; roll was called.

Voting Members: Supervisor John Gioia, Chair
Beverly Wallace
Stephen Arnold, M.D.
Pat Godley
Bill Walker, M.D.
Eric Zell

Excused Absence: Supervisor Federal D. Glover

2. Approval Minutes of Board Meeting of November 24, 2009

The motion made by Ms. Wallace and seconded by Mr. Zell to approve the minutes of the November 24, 2009 Board meeting was passed unanimously.

Supervisor Gioia welcomed Stephen Arnold, M.D. as the newest JPA Board Member. Supervisor Federal L. Glover of District V will be replacing Supervisor Gail Uilkema on the JPA Board.

3. Public Comment

There were no public comments.

4. Presentation and Acceptance of December 2009 Financial Statements

Richard Reid, CFO, reported December 2009 net income was a gain of \$35,000 on a budget of \$409,000; the average length of stay increased to 5.30 days and the average daily census was 89. He reported that the total cash balance is \$12.8 million and there are 11 days of cash on hand.

The motion made by Mr. Zell and seconded by Ms. Wallace to accept the financials for December 2009 passed unanimously.

5. Approval of Emergency Department Coding System Contract with Lynx Medical System, Inc.

Rick Reid, CFO sought approval to execute on behalf of DMC, a three-year contract with Lynx Medical System, Inc. to provide emergency room coding system for more appropriate level coding. Mr. Reid indicated this a more uniform process and much more dependable coding system. It is also a more compliant way to bill based on our current payer mix. This expenditure was not included in the 2010 operating budget. With this new coding system, it is expected that reimbursement will increase by \$580,000. The total budget impact is \$540,000.

The motion made by Mr. Zell and seconded by Dr. Walker to authorize Rick Reid, CFO to execute on behalf of DMC, a three-year contract with Lynx Medical System, Inc. to provide emergency coding system for more appropriate level coding passed unanimously.

6. Recommendation to the District Board to approve contract with Public Accounting firm of Moss Adams LLP of New Financial Statement Auditors

Richard Reid, CFO, sought recommendation by JPA Board to District Board, approval and authorization to execute on behalf of DMC, to engage the Public Accounting Firm of Moss Adams LLP to perform financial statement auditing services for fiscal years 2009 to 2012. The Accounting Firm of Moss Adams LLP is one of three local firms that submitted bids for this contract. Moss Adams does audit for a significant amount of hospitals in the area.

The motion made by Ms. Wallace and seconded by Mr. Zell to recommend to the District Board approval and authorization of Chief Operating Officer to execute on behalf of DMC to engage the Public Accounting Firm of Moss Adams LLP to perform financial statement auditing services for fiscal years 2009 to 2012 passed unanimously.

7. Recommendation to the District Board Lease of IV Pumps and Process with Universal Hospital Services (UHS)

Richard Reid, Chief Financial Officer, sought recommendation to the District Board, approval and authorization of the CFO or designee to execute on behalf of DMC, a contract with Universal Hospital Services (UHS) to provide leasing of IV pumps, including day-to-day management and related maintenance and tracking services. Mr. Reid indicated that the nurses selected these pumps. This contract will also eliminate outside rentals since they are local. This agreement will be funded through the normal operating budget of DMC. Total budget impact for the contract period is \$1.7 million.

The motion made by Dr. Walker and seconded by Dr. Arnold to recommend to the District Board approval and authorization of Chief Financial Officer or his designee to execute on behalf of DMC, a contract with Universal Hospital Services (UHS) to provide leasing of

IV pumps, including day-to-day management and related maintenance and tracking services passed unanimously.

8. **Quality Report**

Joseph Stewart, CEO, introduced new Quality Director George Wenner, R.N. Mr. Wenner presented a Quality Performance Improvement Executive Summary from 4th quarter of 2008 through the 3rd quarter of 2009. He assured the board members that there will be increased reporting on dashboards and benchmarks. He presented benchmarks/plans for improvement for the following core measures:

- AMI (Acute Myocardial Infarction)
- CHF (Congestive Heart Failure)
- CHF (Congestive Heart Failure)
- PNA (Pneumonia)
- SCIP (Surgical Care Improvement Project)
- Infection Control Measures: Ventilator Associated Pneumonia (VAP) – ICU; Central Venous Catheter Bloodstream Infections – ICU; Catheter Associated UTI – ICU
- Risk Management Measures
- Med Error Rate

Board members requested that quality reports be made user friendly, i.e., abbreviations not be used when reporting on core measures, dashboards, etc.

The board members are still looking forward to having a special joint meeting focused on Quality.

9. **CEO Report**

Joseph Stewart, CEO, presented power point on “Why Boards, Why Now? Governance Oversight of Quality” by James E. Orlikoff. This is the same presentation given by James E. Orlikoff at the IHI Institute that Mr. Zell attended. Mr. Stewart is hoping that Mr. Orlikoff will be available to come to DMC and make a presentation to the board in early February.

10. **Adjourn to Closed Session**

The JPA Board adjourned to closed session at 4:15 p.m. Supervisor Gioia reported that there would be no reportable actions taken from the closed session.



January 2010 Financial Statements

Tab 4



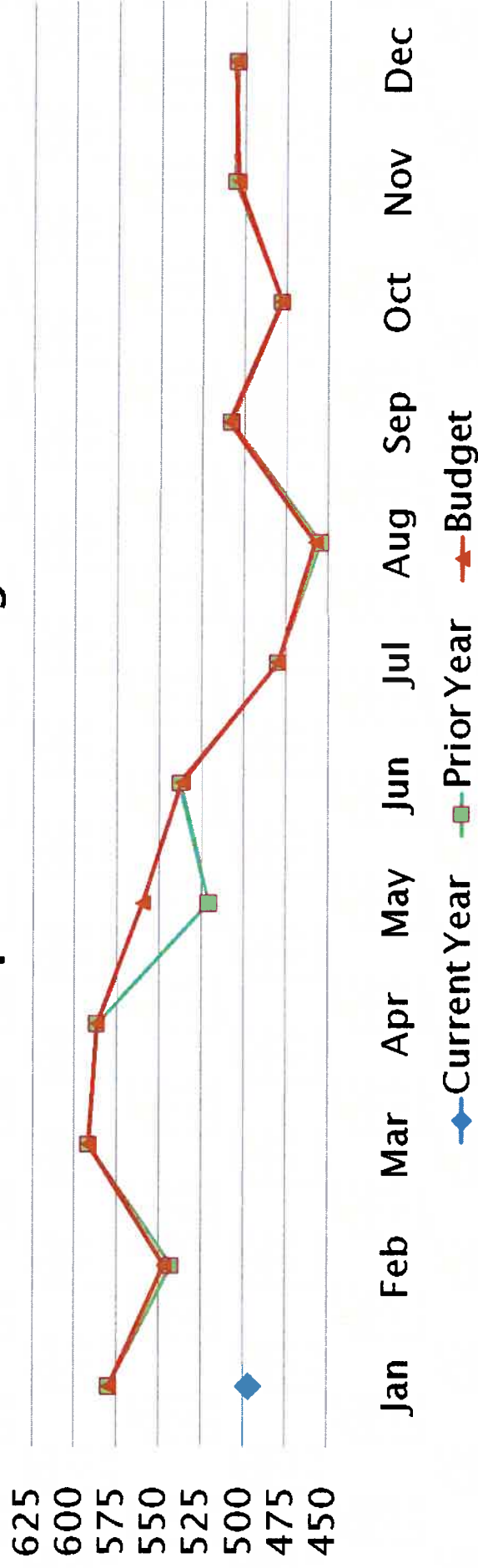
Board Presentation

January 2010 Financial Report

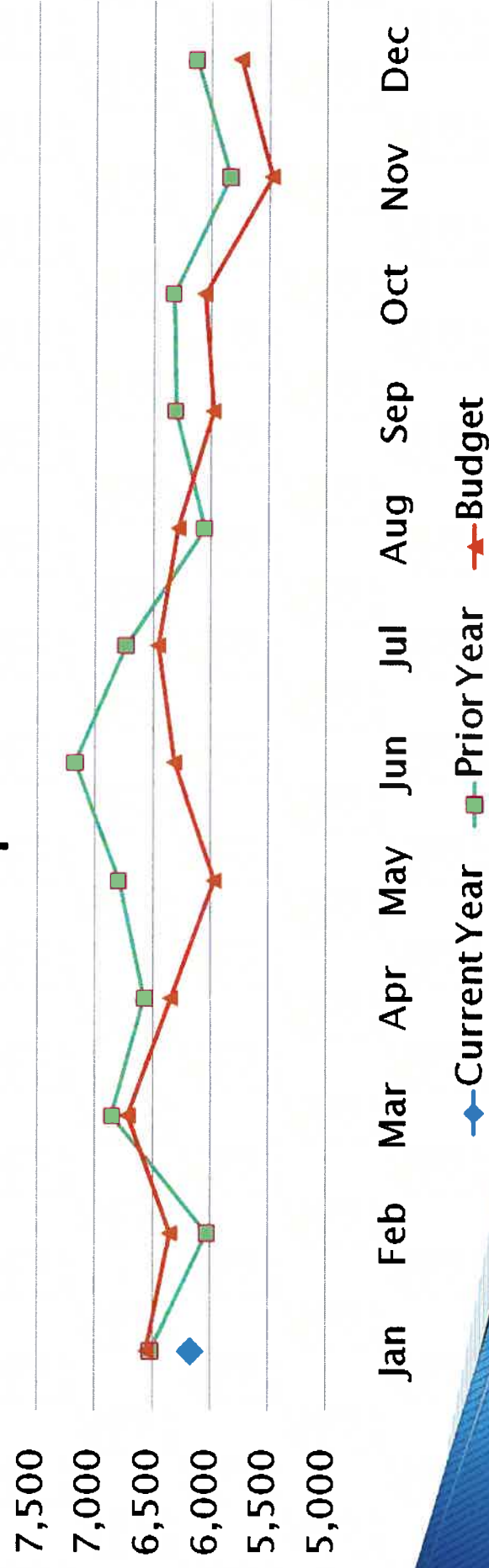
Patient Activity For the Period Ending January 31, 2010

Actual M.T.D.	Budget M.T.D.	Variance		Actual Y.T.D.	Budget Y.T.D.	Variance
497	547	(50)	Inpatient Discharges	497	547	(50)
6,170	6,553	(383)	Outpatient Visits	6,170	6,553	(383)

Inpatient Discharges



Outpatient Visits



Statement of Activity – Summary

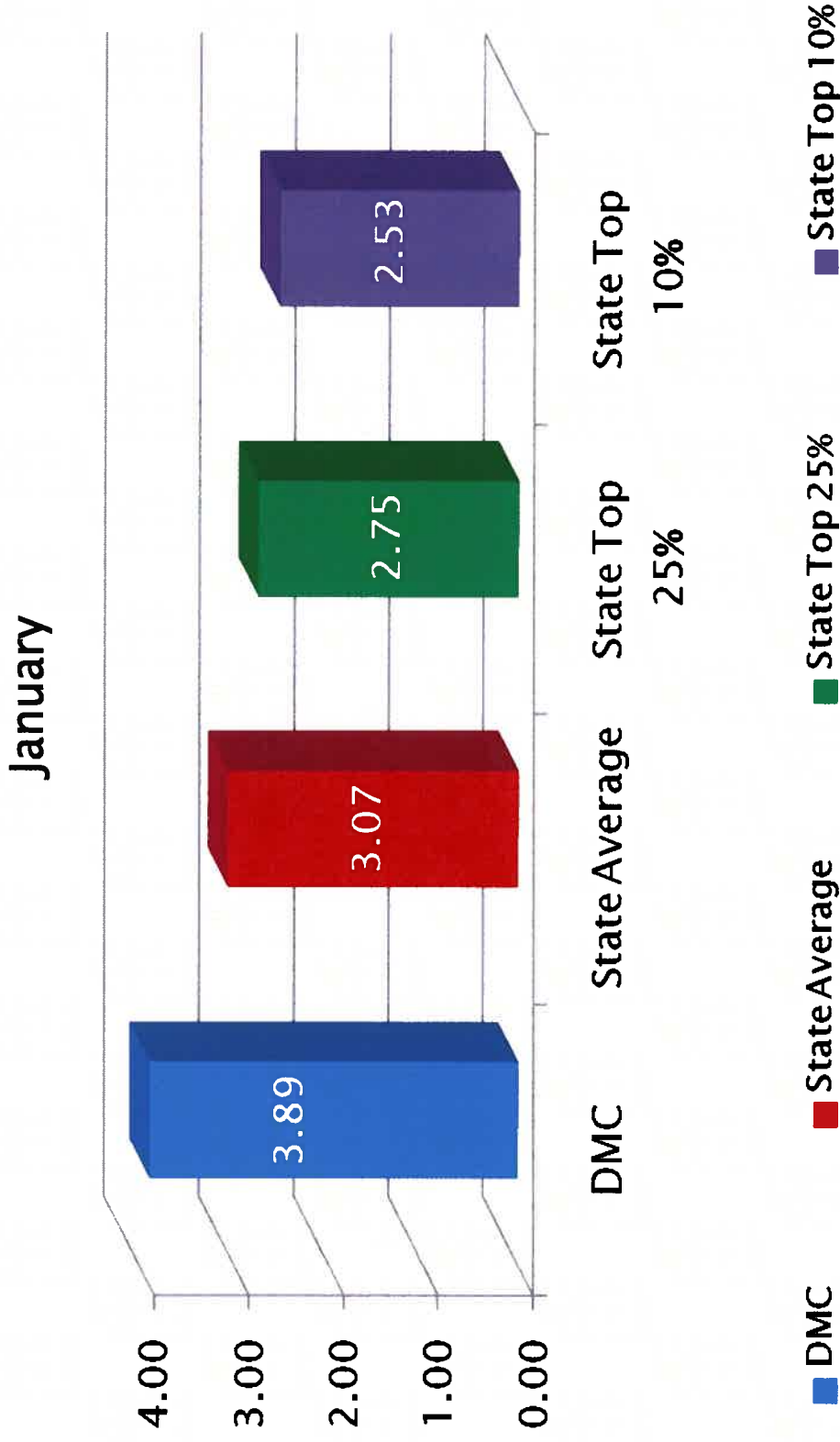
For the Period Ending

January 31, 2010

(Thousands)

Actual M.T.D.	Budget M.T.D.	Variance		Actual Y.T.D.	Budget Y.T.D.	Variance
\$9,883	\$11,102	(\$1,219)	Net Operating Revenues	\$9,883	\$11,102	(\$1,219)
\$12,176	\$12,494	\$318	Total Operating Expenses	\$12,176	\$12,494	\$318
(\$2,293)	(\$1,392)	(\$901)	Income/(Loss) From Operations	(\$2,293)	(\$1,392)	(\$901)
\$2,634	\$2,071	\$563	Income from Other Sources	\$2,634	\$2,071	\$563
\$341	\$679	(\$338)	Net Income/(Loss)	\$341	\$679	(\$338)
3.5%	6.1%	(2.6%)	Net Income Percentage	3.5%	6.1%	(2.6%)
			California Benchmark Average	2.1%		
			Top 25%	7.1%		
			Top 10%	11.5%		

Length of Stay Comparison Adjusted For Case Mix Index



Cash Position

January 31, 2010

(Amounts in Thousands)

	January 31, 2010	December 31, 2009
Unrestricted Cash	\$7,567	\$7,666
Restricted Cash	\$4,039	\$5,363
Total Cash	\$11,606	\$13,029
Days Unrestricted Cash	19	21
Days Restricted	10	14
Total Days of Cash	29	35
California Benchmark Average	34	
Top 25%	82	
Top 10%	183	

Questions



January 2010 Executive Report

Doctors Medical Center had a Net Income of \$341,000 in the month of January. As a result, net income was under budget by \$338,000 due to lower net patient service revenue.

Net Income was \$338,000 under budget. The following are the factors leading to the Net Income variance:

<u>Net Income Factors</u>	<u>Over / (Under)</u>
Net Patient Revenue	
Medi-Cal 915b Program	\$575,000
Medicare Inpatient Volume	(\$700,000)
All Other Volume Decrease	(\$134,000)
Outpatient HMO/PPO Volume	(\$363,000)
 <u>Expenses</u>	
Salaries	\$213,000
Purchased Services	\$119,000

Net patient revenue was under budget by \$1,197,000. Doctors Medical Center did received a 915b payment from the Medi-Cal program of \$575,000 Gross patient charges were under budget by 11.5% for inpatient services by 15.3% for outpatient services. Patient days were only 1.5% under budget while discharges were 9.2% under budget. This resulted in our length of stay being over budget by 8.2%. The discharge variance from budget was mainly Medicare patient. The discharge decrease reduced the Medicare net patient income by \$700,000 in January. Net outpatient patient revenue for HMO/PPO business was under budget by \$363,000.

Salaries were under budget by \$213,000. This is the result of proper labor management to reduce staffing to match the lower patient volumes.

Purchased services were under budget by \$119,000. The main driver of this was that Repairs and Maintenance expenses were below budget.

WEST CONTRA COSTA HEALTHCARE DISTRICT
DOCTORS MEDICAL CENTER
INCOME STATEMENT
January 31, 2010
(Amounts in Thousands)

	CURRENT PERIOD			PRIOR YEAR	
	ACTUAL	BUDGET	VAR	VAR %	ACTUAL
1	9,812	11,009	(1,197)	-10.9%	10,869
2	71	93	(22)	-23.7%	59
3	9,883	11,102	(1,219)	-11.0%	10,928
OPERATING REVENUE					
Net Patient Service Revenue	9,812	11,009	(1,197)	-10.9%	10,869
Other Revenue	71	93	(22)	-23.7%	59
Total Operating Revenue	9,883	11,102	(1,219)	-11.0%	10,928
OPERATING EXPENSES					
Salaries & Wages	5,419	5,632	213	3.8%	5,502
Employee Benefits	2,977	2,915	(62)	-2.1%	2,311
Professional Fees	808	781	(27)	-3.5%	706
Supplies	1,629	1,670	41	2.5%	1,723
Purchased Services	584	703	119	16.9%	640
Rentals & Leases	121	123	2	1.6%	104
Depreciation & Amortization	292	302	10	3.3%	272
Other Operating Expenses	346	368	22	6.0%	380
Total Operating Expenses	12,176	12,494	318	2.5%	11,638
Operating Profit / Loss	(2,293)	(1,392)	(901)	64.7%	(710)
NON-OPERATING REVENUES (EXPENSES)					
Other Non-Operating Revenue	1,991	1,416	575	-40.6%	1,500
District Tax Revenue	753	771	(18)	2.3%	714
Investment Income	9	8	1	12.5%	10
Less: Interest Expense	(119)	(124)	5	-4.0%	(129)
Total Net Non-Operating	2,634	2,071	563	27.2%	2,095
Income Profit (Loss)	341	679	(338)	-49.8%	1,385
Profitability Ratios:					
Operating Margin %	-23.2%	-12.5%			-6.5%
Profit Margin %	3.5%	6.1%			12.7%
SWB / APD					
SWB / Total Operating Expenses	1,986	1,959	(27)	-1.4%	1,871
Total Operating Expenses / APD	69.0%	68.4%			67.1%
IP Gross Charges	2,881	2,864	(17)	-0.6%	2,787
O/P Gross Charges	38,725	43,780	(5,055)	-11.5%	42,970
Total Gross Charges	17,875	21,092	(3,217)	-15.3%	18,915
Total Gross Charges	56,600	64,872	(8,272)	-12.8%	61,885

Payor Mix (IP and OP)

28	36%	Medicare %	42%	39%	3%
29	18%	Medi-Cal %	17%	17%	0%
30	14%	Managed Care HMO / PPO %	13%	15%	-2%
31	11%	Medicare HMO %	9%	11%	-2%
32	6%	Medi-Cal HMO %	6%	6%	0%
33	0%	Commercial %	0%	0%	0%
34	2%	Worker's Comp %	1%	1%	0%
35	4%	Other Government %	2%	4%	-2%
36	9%	Self Pay /Charity %	10%	7%	3%

STATISTICS

37	574	Admissions	510	546	(36)	-6.6%	574
38	580	Discharges	497	547	(50)	-9.2%	580
39	2,899	Patient Days	2,892	2,944	(52)	-1.8%	2,899
40	93.5	Average Daily Census (ADC)	93.3	95.0	(1.7)	-1.8%	93.5
41	5.00	Average Length of Stay (LOS)	5.82	5.38	(0.44)	-8.2%	5.00
42	31	Days in Month	31	31			31

43	835	Adjusted Discharges (AD)	726	811	(85)	-10.4%	835
44	4,175	Adjusted Patient Days (APD)	4,227	4,362	(135)	-3.1%	4,175
45	135	Adjusted ADC (AADC)	136	141	(4)	-3.1%	135

46	88	Inpatient Surgeries	95	107	(12)	-11.2%	88
47	103	Outpatient Surgeries	80	121	(41)	-33.9%	103
48	191	Total Surgeries	175	228	(53)	-23.2%	191

Page 3

49	2,893	ED Outpatient Visits	3,395	3,468	(73)	-2.1%	2,893
50	2,964	Ancillary Outpatient Visits	2,695	2,964	(269)	-9.1%	2,964
51	103	Outpatient Surgeries	80	121	(41)	-33.9%	103
52	5,960	Total Outpatient Visits	6,170	6,553	(383)	-5.8%	5,960

53	449	527	(78)	-14.8%	483	Emergency Room Admits	449	527	(78)	-14.8%	483
54	13.2%	15.2%			16.7%	% of Total E/R Visits	13.2%	15.2%			16.7%
55	88.0%	96.5%			84.1%	% of Acute Admissions	88.0%	96.5%			84.1%
56	600	646	(46)	-7.1%	575	Worked FTE	600	646	(46)	-7.1%	575
57	699	765	(66)	-8.6%	702	Paid FTE	699	765	(66)	-8.6%	702
58	4.40	4.59	(0.19)	-4.1%	4.27	Worked FTE / AADC	4.40	4.66	(0.26)	-5.5%	4.27
59	5.13	5.43	(0.31)	-5.7%	5.21	Paid FTE / AADC	5.13	5.37	(0.24)	-4.5%	5.21
60	2,321	2,524	(202)	-8.0%	2,603	Net Patient Revenue / APD	2,321	2,524	(202)	-8.0%	2,603
61	13,390	14,871	(1,481)	-10.0%	14,822	I/P Charges / Patient Days	13,390	14,871	(1,481)	-10.0%	14,822
62	2,897	3,219	(322)	-10.0%	3,174	O/P Charges / Visit	2,897	3,219	(322)	-10.0%	3,174
63	1,282	1,291	9	0.7%	1,318	Salary Expense / APD	1,282	1,291	9	0.7%	1,318
64	6.58	5.00	(1.58)	-31.6%	5.00	Medicare LOS	6.58	5.00	(1.58)	-31.6%	5.00
65	1.69	1.62	(0.07)	-4.6%	1.62	Medicare CMI	1.69	1.62	(0.07)	-4.6%	1.62
66	3.89	3.10	(0.80)	-25.8%	3.10	Medicare CMI Adjusted LOS	3.89	3.10	(0.80)	-25.8%	3.10

Recommendation to the
District Board to approve
Tenant Improvement for
San Pablo Outpatient
Center

Tab 5

**DOCTORS MEDICAL CENTER MANAGEMENT AUTHORITY
AGENDA ITEM REQUEST / RECOMMENDATION
DOCUMENTATION FORM**

TO: DOCTORS MEDICAL CENTER MANAGEMENT AUTHORITY

FROM: David Ziolkowski, COO

DATE: February 24, 2010

SUBJECT: Tenant Improvements for San Pablo Outpatient Center

REQUEST / RECOMMENDATION(S): Approve and authorize the Chief Operating Officer, or designee, to execute on behalf of DMC, approval of construction costs to build tenant improvements for the San Pablo Outpatient Center and to hire Nova Partners to manage construction for DMC.

FISCAL IMPACT: \$1,615,000

This will be funded through the 2010 Capital budget.

STRATEGIC IMPACT: DMC has been approached by a local primary care physician group (Alliance Medical Group, Inc) and a large local San Pablo employer to jointly provide outpatient and ambulatory care services in a new Outpatient Center proximate to DMC. Building an Outpatient Center will allow DMC to grow its outpatient business, alleviate parking and space constraints, and provide new services in a cost effective manner. The center will be co-located with Alliance Medical Group, Inc. to provide other priority care, occupation health, and a full array of ancillary and diagnostic tests. The Outpatient Center will increase DMC's profitability and offer a great service to the community. The project will result in a positive contribution margin of \$300,000 and pay for itself in just over two and a half years.

REQUEST / RECOMMENDATION REASON, BACKGROUND AND JUSTIFICATION: A formal open bid process was completed February 10, 2010. We received 7 bids with the low bidder being Hilbers construction out of Yuba City, CA. We expect a total construction cost of \$1,391,428 including cabinetry and casework. In addition, we incurred budgeted overages of \$80,000 for permits and architectural fees. Management is recommending to contract with Nova Partners to manage the construction of the Outpatient Center for \$43,000. With a 7.2% contingency allowance, we recommend a budget of \$1,615,00 to complete building of DMC's San Pablo Outpatient Center.

Russ Stanley Credit for roof repairs	(6,000)
Signage	7,500
Value Engineering Deductions	-
Total Construction Costs	1,391,428
OTHER COSTS	
Unbudgeted architectural fees	38,000
Unbudgeted permit & utility fees	42,000
Construction project management	43,000
CONTINGENCY COSTS	
7.5% construction costs	100,572
TOTAL COSTS TO COMPLETE PROJECT	1,615,000

Presentation Attachments: Yes ☒ No ☐

Requesting Signature: [Signature] Date: ___/___/___

SIGNATURE(S):

Action of Board on ___/___/___ Approved as Recommended _____ Other _____

Vote of Board Members:

_____ Unanimous (Absent _____)

Ayes: _____ Noes: _____

Absent: _____ Abstain: _____

I HEREBY CERTIFY THAT THIS IS A
TRUE AND CORRECT COPY OF AN
ACTION TAKEN AND ENTERED ON
THE MINUTES OF THE BOARD ON THE
DATE SHOWN.

Contact Person: David Ziolkowski

Attested _____
Eric Zell, Management Authority Board Secretary

Cc:

Accounts Payable

Contractor

CFO/Controller

Requestor

BID OPENING INFORMATION

Project:		Doctors Medical Center Outpatient Center - 100 San Pablo Avenue -		Bid Opening Date:	
Client/Owner:		Doctors Medical Center		10-Feb-10	
Doctors Medical Center				Bid Opening Time:	
Venue:		Nova Partners, Inc. 855 El Camino Real, Palo Alto, Ca 94301		3:00 PM	
				\$1,500,000	

NO.	CONTRACTOR	LUMP SUM AMOUNT	ALT. #1	BASE BID -----	ALT. #2	ALT. #3	PROJECT RECOM. BUDGET	ALT. #4	ADDENDA			BID Requirements			TOTAL
									1	2	3	BID	Bid	Sub.	
									% DIFF. (Base Bid)			Form	Bound	Listing	non- collim.
1	BNB Builders	\$1,308,876	\$6,043	\$1,314,919	\$42,844	\$45,328	\$1,403,091	\$173,220	-12.3%						
2	City Builders	\$1,404,500	\$6,000	\$1,410,500	\$38,100	\$38,400	\$1,487,000	\$113,780	-6.0%						
3	Dome	\$1,394,499	\$5,500	\$1,399,999	\$39,500	\$40,000	\$1,479,499	\$140,500	-6.7%						
4	Gonsalves & Stronck	\$1,369,500	\$5,277	\$1,374,777	\$37,000	\$36,700	\$1,448,477	\$130,000	-8.3%						
5	John Plane	\$1,277,529	\$4,758	\$1,282,287	\$38,231	\$37,573	\$1,358,091	\$132,879	-14.5%						
6	Hilbers	\$1,204,422	\$6,706	\$1,211,128	\$39,500	\$26,300	\$1,276,928	\$106,000	-19.3%						
7	Pankow	No bid													
8	Taber Construction	\$1,409,500	\$5,000	\$1,414,500	\$50,000	\$45,000	\$1,509,500	\$145,000	-5.7%						
	ENGINEER'S ESTIMATE	\$1,500,000													

NOTES:

Base bid determined by Lump sum amount + Alternate 1 - Low bid determined by Base Bid only not including alternates 2,3 and 4

Alternate Item No. 1 - Add roofing repairs as outlined in the Proposal from Weatherproofing Technologies Inc. Dated 11/18/09.

Alternate Item No. 2 - Add Test floors to received floor coverings for water vapor emission and pH levels and apply treatment if required, as specified in Section 09 61 43.

Alternate Item No. 3 - Install all owner supplied casework and furniture.

Alternate Item No. 4 - Supply and install casework of equal in quality, utility, and appearance to the casework specified.

Quality Report

Tab 6

Surgical Infection Prevention

	Hospital performance				State Average				National Average				Top 10% Hospitals			
	Public Reported															
	2008	(2nd Qtr) 2009 YTD	(2nd Qtr) 2009 YTD	(2nd Qtr) 2009 YTD	2008	2009	2009	2009	2008	2009	2009	2009	2008	2009	2009	2009
	CMS	CMS	TJC	TJC	CMS	TJC	TJC	TJC	CMS	TJC	TJC	TJC	CMS	TJC	TJC	TJC
Antibiotic within 1 hour of incision	77% N=135 D=175	76% N=125 D=165	76% N=125 D=165	76% N=125 D=165	85% N=125 D=165	95% N=125 D=165	95% N=125 D=165	95% N=125 D=165	87% N=125 D=165	95% N=125 D=165	95% N=125 D=165	95% N=125 D=165	98% N=125 D=165	99% N=125 D=165	99% N=125 D=165	99% N=125 D=165
Antibiotic selection	96% N=168 D=175	94% N=153 D=163	94% N=153 D=163	94% N=153 D=163	87% N=153 D=163	97% N=153 D=163	97% N=153 D=163	97% N=153 D=163	85% N=153 D=163	97% N=153 D=163	97% N=153 D=163	97% N=153 D=163	100% N=153 D=163	100% N=153 D=163	100% N=153 D=163	100% N=153 D=163
Antibiotics discontinued within 24 hours post surgery	69% N=117 D=170	72% N=117 D=163	72% N=117 D=163	72% N=117 D=163	85% N=117 D=163	90% N=117 D=163	90% N=117 D=163	90% N=117 D=163	87% N=117 D=163	92% N=117 D=163	92% N=117 D=163	92% N=117 D=163	98% N=117 D=163	98% N=117 D=163	98% N=117 D=163	98% N=117 D=163
Deep Vein Thromboembolism prevention ordered	71% N=126 D=178	62% N=92 D=149	62% N=92 D=149	62% N=92 D=149	82% N=126 D=178	89% N=126 D=178	89% N=126 D=178	89% N=126 D=178	87% N=126 D=178	93% N=126 D=178	93% N=126 D=178	93% N=126 D=178	99% N=126 D=178	99% N=126 D=178	99% N=126 D=178	99% N=126 D=178
Appropriate hair removal	100% N=252 D=252	99% N=257 D=258	99% N=257 D=258	99% N=257 D=258	95% N=252 D=252	98% N=252 D=252	98% N=252 D=252	98% N=252 D=252	96% N=252 D=252	99% N=252 D=252	99% N=252 D=252	99% N=252 D=252	100% N=252 D=252	100% N=252 D=252	100% N=252 D=252	100% N=252 D=252

	Hospital performance Public Reported				State Average	National Average	Top 10% Hospitals	
	2008 through (2nd Qtr) 2009 YTD		2008 through (2nd Qtr) 2009 YTD					
	2008	2008 through (2nd Qtr) 2009 YTD	2008	2008 through (2nd Qtr) 2009 YTD				
Oxygen Assessment	CMS	CMS	TJC	TJC	CMS	TJC	CMS	TJC
	100%	No longer studied	No longer studied		99%	99%	100%	
	N=187 D=187							
Pneumococcal Vaccination	54%	56%	56%		81%	90%	84%	91%
	N=65 D=120							
Blood Cultures done in the ED prior to initial antibiotic received in the hospital	87%	89%	89%		91%	94%	91%	94%
	N=145 D=167							
Smoking Cessation Education	87%	96%	96%		89%	97%	89%	97%
	N=58 D=59							
Initial antibiotic received within 6 hours of hospital arrival	91%	94%	94%		92%	94%	93%	94%
	N=145 D=159							
Initial antibiotic selection pneumonia in immunocompetent patient	93%	92%	89%		88%	94%	87%	95%
	N=79 D=85							
Influenza Vaccination (Seasonal)	65%	68%	68%		80%	88%	82%	89%
	N=24 D=37							

Hospital performance				Public Reported		State Average		National Average		Top 10% Hospitals	
2008		2008 through (2nd Qtr) 2009 YTD		2008 through (2nd Qtr) 2009 YTD		2008		2008		2008	
CMS		CMS		TJC		CMS		TJC		CMS	
Discharge Instructions	62%	61%		60%		97%	95%	94%	95%	100%	100%
	N=149 D=239		N=135 D=225								
Evaluation of Left Ventricular Systolic Dysfunction (LVSD)	90%	89%		82%		94%	98%	93%	98%	100%	100%
	N=251 D=279		N= 81 D=261								
ACE/ARB for LVSD	78%	81%		86%		93%	95%	90%	95%	100%	100%
	N=85 D=109		N=81 D=99								
Smoking Cessation Education	100%	98%		98%		95%	99%	95%	99%	100%	100%
	N=66 D=66		N=58 D=59								